

## **Arkansas Premises Identification**

Arkansas Livestock & Poultry Commission

## **Business/Farm Account Information:**

Business/Farm Name	e:			
Primary Contact:	First name	Middle name	Last name	
Secondary Contact:	r trst name	мнаане пате	Last name	
(optional)	First name	Middle name	Last name	
Business/Farm mailin	ng Address: _			
City:	State:	Zip:	County:	
Phone number:		ext:	(□ Business □ Home □ Cell □ Fax □ Pager)	
Phone number:		ext:	(□ Business □ Home □ Cell □ Fax □ Pager)	
Phone number:		ext:	(□ Business □ Home □ Cell □ Fax □ Pager)	
E-mail address:				
Operation Type:	Producer Unit/Fa	rm □ Clinic □ Exhib	nip □ Non-profit Organization  ition □ Laboratory □ Market/collection adering □ Slaughter plant □ Tagging site	
Premises Inform (Primary location where liv		nen one location and animals a	re managed separately, apply for multiple premises ID'	a)
				3)
Premises name/des	scription: ——		(example "home place", "heifer place	
	•		s business/farm account mailing address	e")
	Must be a 911 add	ress. Check if same as	-	e")
Premises Address: 1	Must be a 911 add ness/farm mailing addr	ress. Check if same as	-	e")

(Contact information will not be sold or given out by ALPC or NAIS without your prior written consent)

Return forms to: AR Livestock & Poultry Commission, #I Natural Resources Drive, P. 0. Box 8505, Little Rock, AR 72215 Website: <a href="www.aad.arkansas.gov">www.aad.arkansas.gov</a> For questions, contact ALPC support: Phone: 501-225-1598 or e-mail: info@alpc.ar.gov
Fax: 501-907-2425